Department of Labor and Industries

This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from the state fund.

******** ***Counselor is responsible for sending a copy of this form to each vendor*** ********

2ND 52 WEEK PERIOD
TRANSPORTATION COST ENCUMBRANCE

RESET

☐ **Original** ☐ **Modification**

Claimant:	Date	Claim Number

Billing Category and Code	Vendor Name / Provider No.	Vendor Name / Provider No.	Vendor Name / Provider No.	Vendor Name / Provider No.	Total L&I Funds
Mileage - 0301R					
Parking - 0302R					
Bridge & Ferry Tolls - 0303R					
Commercial Transportation - 0304R					
Vendor Funds Allocated					
Dates of Service	From: To:	From: To:	From: To:	From: To:	

» » » » » » » » » » » » » **Total L&I Transportation Funds Allocated in 1st 52 Weeks:**

Mileage Calculation

Address training site A		Address training site B	
1st, Miles in a round trip (Worker's street address to site A by most direct route).		1st, Miles in a round trip (Worker's street address to site B by most direct route).	
2nd, Multiply miles by the actual training days.	**x**	2nd, Multiply miles by the actual training days.	**x**
3rd, Multiply total in line 2 by current reimbursement rate	**x**	3rd, Multiply total in line 2 by current reimbursement rate	**x**
Reimbursement to site A	=	Reimbursement to site B	=

Total reimbursement requested (Site A+Site B) =

NOTICE: **Please attach a copy of this form to the Injured Worker Travel Expense Voucher form (yellow), when submitting bill(s)**

Company	Phone No.	FAX No.

Assigned Vocational Counselor:	Date	Signature

For Dept. Use Only

Vocational Services Consultant ☐ Recommended ☐ Not Recommended	Date	Phone No.	Signature
Supervisor of Industrial Insurance ☐ Approved ☐ Not Approved	Date	Phone No.	Signature

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